

Certification of Applicant Match

Organization Name _____

Project Name _____

Project Number _____

The sources and amounts of our matching share will be:

| Source of Match – Non-Grant | Amount |
|-----------------------------|--------|
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| Source of Match – Grant | Additional Information about Grant | Amount |
|-------------------------|------------------------------------|--------|
| | | |
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| | | |

Total:

As the authorized financial representative for the above identified organization, I hereby certify that the sponsor matching resources are available for the project referenced above. I further acknowledge that our organization is responsible for supporting all non-cash commitments and donations should they not materialize.

Signature_____

Printed Name _____

Title_____

Date _____